

Harrow Council

Harrow Council - Harrow Shared Lives

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Harrow Shared Lives (HSL) is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

HSL is providing personal care to 35 people who have a learning disability, autism or a mental illness. Care is provided by 34 approved carers.

People's experience of using this service and what we found

People who used the service told us they were safe with their Shared Live Carers (SLC) and SLC's told us that staff from Harrow Shared Live Scheme (HSL) were supportive and visited regularly to update risk assessments and risk management plans. HSL visits SLC's regularly to undertake health and safety checks which ensures people who used the service lived in a safe environment.

SLC's had access to a wide range of training and met regularly with the registered manager and HSL staff to discuss areas of concern and share changes as well as updates. People who used the service told us that meals were very good, and mealtimes were a social occasion. People who used the service told us that they felt part of the SLC's family. People who used the service received varied support to access external health care services from their SLC or a relative. People were supported to have maximum choice and control of their lives and SLC's supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People who used the service told us that their SLC's were kind, respectful and caring. They told us that they felt part of the family and shared similar interests and hobbies. SLC's demonstrated clear understanding of how to maintain people's dignity, treated them with respect and ensured their privacy.

People who used the service had detailed person centred care plans, which were also provided in formats accessible to people. For example, some care plans were in larger prints, while other care plans used pictures and symbols instead of words. People who used the service were confident in raising concerns with the SLC or HSL. SLC and HSL staff told us that complaints were a positive way to make improvements to the quality of care provided.

People who used the service and SLC spoke highly about the registered manager. They told us that the registered manager was approachable and supportive. HSL carried out various quality assurance audits, to ensure the quality of care was maintained and improvement can be made.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) - The last rating for this service was Good (published 27 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Harrow Council - Harrow Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Harrow Shared Live Scheme is a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who monitors HSLs. We used the information the provider sent to us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service, four shared live carers, one relative, one shared lives scheme worker and the registered manager.

We reviewed a range of records. This included four people's care records, including medications records if required. We looked at four SLC's files in relation to approval, training and supervision. We looked at one SLS worker file in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training information, quality assurance records and business development plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us that they felt safe with their SLC. One person told us, "Yes, I am very safe. [Name] always reminds me to be careful when I go out."
- Care records and risk assessments focused on people's safety and issues such as 'stranger danger' were discussed with people who used the service.
- SLC's told us that they had safeguarding training, which was confirmed by training records viewed and they told us that they would contact the social workers or the HSLs if they had any concerns.

Assessing risk, safety monitoring and management

- We saw in people's care records that a variety of risk assessments were developed to ensure people's independent was maintained, but they continued to be safe when going out or being supported by the SLC.
- In addition to personal risk assessments the SLS regularly reviews the health and safety risk of the environment people who used the service were living in.
- The SLS ensured that risk assessments and risk management plans were reviewed every three months and a more detailed review was carried out annually.

Staffing and recruitment

- New SLC's had undergone a stringent recruitment process, which included obtaining appropriate recruitment checks such references and disclosures and barring services (DBS) checks.
- In addition to the recruitment checks all new prospective SLC's had to go through a thorough approval process carried out by the local authority which ensured that they were suitable to provide shared live care to people who used the service.
- Following approval, a robust matching process which enables prospective people who used the service and SLC to decide if they wanted to live together and share their lives with each other.

Using medicines safely

- Some people received assistance with their medicines, this was clearly documented in people's care records.
- SLC's received training in the support of medicines and the SLS carried out quarterly checks of the storage, recording and disposal of medicines.
- SLC's involved with the support of the medicines demonstrated clear and robust understanding in how to support people safely around the support in taking their medicines. SLC's told us, that they record on the medicines administration sheet (MARs) once they assisted a person with their medicines. MARs viewed confirmed this.

Preventing and controlling infection

- SLC's told us that they ensured that their home was clean and tidy and people who used the service confirmed that they were involved in the cleaning of their room.
- Training records viewed confirmed that SLC's had training in the prevention and control of infection and food hygiene.

Learning lessons when things go wrong

- The SLS recorded and monitored any accidents and incidents. Since our last inspection there had been one recordable incident and we saw that this had been analysed and lessons had been learned for the incident. This ensured that similar incidents can be prevented in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The SLS ensured that a robust matching process was carried out, which entailed an assessment of the person and the SLC.
- This ensured that placement a less likely to break down, but also matched people who had similar interests and hobbies. For example, one person was matched with a SLC who had pets and another person was matched with SLC who enjoyed gardening. This was based on the person assessment and interest. People who used the service told us how comfortable they felt with their SLC and rather referring to the person as a SLC, they referred to the person as friend and extended part of their family.

Staff support: induction, training, skills and experience

- SLC and SLS staff had access to a wide range of training provided by Harrow Council. Training records viewed showed that SLC and SLS staff had attended training such as safeguarding, Health and Safety, food hygiene and deprivation of liberty safeguards.
- SLC's met regularly with SLS staff and attended quarterly carers meetings. SLC's told us that they felt supported by the SLS and were able to access support as and when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People who used the service told us that they enjoyed the meals provided and meal times were a social occasion which they shared with the rest of the family.
- Peoples dietary needs were recorded in their care plans and specific dietary preferences such as cultural or religious preferences were catered for. For example, one person told us that they enjoyed vegetarian food and said that they get what they want.
- If health care support from a dietician was needed, people would go to their GP who would undertake a referral if they felt that this was needed. People who used the service told us, that they were supported by their SLC's to access health care support.

Staff working with other agencies to provide consistent, effective, timely care

- SLC and SLS workers worked closely with the local authority to ensure people who used the service were appropriately placed and their needs could be met by the SLC.

Supporting people to live healthier lives, access healthcare services and support

- People who used the service were registered with a local GP and were supported by the SLC to access health care services if this was required or documented in their care plans. People who used the service were encouraged and supported to maintain a healthy weight by undertaking exercise.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Peoples capacity had been assessed when they began to receive a service from HSLS. Most people who used the service had capacity to make their own decision.
- If people lacked capacity lasting power of attorney was applied for from the court of protection. This ensured that a person appointed by the court were legally authorised to act on their behalf. "A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them to make decisions or to make decisions on their behalf." Records showed that appropriate applications had been made were people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service told us that they were treated well by their SLC. One person told us, "[Name] is very kind, my opinion matters, and I do feel listened to."
- People who used the service were matched with SLC who had the same cultural and religious background if this had been required or requested by them. One person said, "[Name] understands me well, we go to church together."
- People were treated in a caring way by SLC's who used a warm, friendly and patient approach. Supporting people to express their views and be involved in making decisions about their care
- People who use the service told us that their opinion mattered and that they were listened to by their SLC and from SLS staff. One person said, "I am very happy, and I am listened to what I have to say." One relative told us, "We meet with [name] regularly and discuss any issues important to my relative. [Name] does listen to what we have to say and will make changes if this is needed."
- Where people had no relative they were supported to access a local independent advocacy scheme if they choose to do this.
- SLC had regular opportunities to feedback to HSLS monthly. Carers meetings were held which had been well attended.
- The registered manager told us, that she was currently planning to reintroduce service users' meetings, which had stopped due to poor attendance.

Respecting and promoting people's privacy, dignity and independence

- SLC's told us maintaining and increasing independence for people was paramount. People had set goals in their annual care plan reviews meetings, which included volunteer work, increasing their social activity, accessing a holiday with another provider, road safety and money management.
- We found examples of people increasing their independence around daily activities. For example, HSLS had started to provide staff who were working with people on a one to one basis. This enabled more people to access activities such as community outings, cinema and bowling were arranged which were chosen and based on the individual's interest.

. One of the strengths of HSLS is that the service was built around the person and people who used the service told us that they do their own laundry and household tasks since living with their SLC.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service had detailed care plans. Care plans had been regularly reviewed together with the person, the SLC and the registered manager or SLS support worker. Care plans were built and formulated around people who used the service.
- People received a personalised service that was tailored to their needs. SLC's were provided with guidance within people's care records of the importance to respect people's individual choices and how people wished to be supported by them. Personal goals were discussed, and action taken to address these.
- SLC told us they enjoyed the ethos of shared lives. They said it enabled people to live their lives as they wanted to, with any support they needed. One SLC told us, "The people are part of the family and the service is built around them. Its very person centred." People who using the service confirmed this. One person said, "We eat together and have parties together, like a family."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A number of policies and procedure were available in different format, which included larger fonts, braille or in a different language.
- Care records were available in pictorial format, which made it easier for people who are unable to read to understand what the records say.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who used the service were supported by their SLC to maintain relationships with friends and relatives. One relative told us, "We speak to [name] regularly and [name] will visit us."
- People who used the service told us about their busy lives, which includes evening clubs, holidays, day centres, gyms, swimming and college. This was also clearly documented in their care plans. One SLC told us, that "Part of shared lives is that people have a wide range of activities and we always look for new things to do."

Improving care quality in response to complaints or concerns

- SLC's told us that they would contact HSLs with any concerns raised with them by people who used the service. People who used the service similarly told us that they could raise any concerns with the SLC or

could call the registered manager.

- The provider told us in their PIR that they had not received any complaints in the past 12 months. This was confirmed by a recent quality monitoring report carried out by the local authority.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- □ We found that there was an open and honest culture. The registered provider and registered manager had a clear understanding of their responsibility when things went wrong and demonstrated good understanding of which incidents required to be reported to the Local Authority and CQC.
- □ The registered manager, SLC's and HSLs support workers spoke passionately about the quality of service that people received and provided person centred care, which was reflected in care plans and feedback received from people who sued the service and relatives. One person told us, "I always chat with [name] and we discuss what we do the next week and what to buy for dinner."
- □ The registered manager and HSLs support worker were friendly and approachable. We saw that SLC's were comfortable in their company and they knew people well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- □ Quality monitoring audits took place regularly. We saw that care plans were reviewed to ensure they are still suitable and responsive to people's needs. The service undertook more in-depth annual care plan reviews, which included a full assessment of the environment of the SLC's home.
- □ The local authority carried out an annual quality monitoring visit, which similarly the a CQC inspection rates the service. During the last quality assurance audit HSL had been rated green.
- □ Policies and procedures were in place and were updated periodically to ensure information was current.
- □ HSLs support worker and SLC's spoke highly about the registered manager and told us that she is approachable and very supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- □ Information provided by the service for people and their carers was clear and user friendly, easy read and pictorial records were widely available and used.
- □ People were included in decisions about their care and support. The matching process which took place prior to placement made sure that SLC's and people were well matched. Lifestyle, religion, culture, interests and hobbies were all considered alongside the suitability and safety of the property. Several visits took place between the SLC, HSLs Support workers and people prior to an agreement being made to use the service.
- □ There were regular SLC's forums that the registered manager ensured were scheduled to give everyone

the opportunity to attend and meeting minutes were circulated amongst SLC's. Regular appraisals and supervision took place for HSLs support workers.

- SLC's told us that they felt well supported in their role and had good relationships with HSLs support workers.
- Feedback forms are given to people who use the service and SLC's to monitor quality and their experience. SLC's told us that HSLs listens and will make changes if they are suggested.

Continuous learning and improving care

- The registered manager and the management team had good oversight of the service and had implemented an action plan of priorities to ensure continuous improvement. This included closer relationships with other departments in Harrow Council and provide care to a wider range of people.
- The registered provider had produced an annual development plan, which looked into expanding the service and make it accessible to a wider range of people.
- Guidance and advice were received via shared lives plus which is the UK's leading network for shared lives carers, schemes and home share schemes.

Working in partnership with others

- Referrals had been made appropriately for professional support including GP, Occupational therapy and equipment services. We saw that the service worked together with professionals to achieve good outcomes for people.
- The registered manager was working in partnership with other departments in the local authority with the aim that people who use the service received a 'wrap around' service, which included housing, support, day service, transport and healthcare. This ensured people's needs were met fully.